

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS				SERIAL NO.	FILING DATE
				APPLICANT(S)	
				10/088649	
	*	*	*		
	IND.	DEP.	IND.	DEP.	IND.
51					
52					
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					